

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 806563	RECEIPT DATE:	03 / 30 / 01
IA NUMBER:	PCT/ DE99 / 03101	IA FILING DATE:	09 / 27 / 99
FAMILY NAME:	SVEND	DELAY WAIVED (Y/N):	Y
GIVEN NAME:		DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	09 / 30 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	112740-201	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: WILLIAM E VAUGHAN

STREET: P O BOX 1135

CITY: CHICAGO

STATE/COUNTRY: IL ZIP: 606901135

EMAIL:

APPLICATION TITLES:

METHOD FOR TESTING SUBSCRIBER ACCESS LINES

TAB TO LAST POSITION,PUSH SEND